

**HAWAII STATE ETHICS COMMISSION**  
1001 BISHOP STREET, PACIFIC TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: 587-0460 FAX: 587-0470  
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII  
STATE ETHICS COMMISSION

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## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

### PART I LOBBYIST

|   |              |            |              |
|---|--------------|------------|--------------|
| NAME(Last)  | (First)      | (Middle)   | TELEPHONE    |
| MORRIS  | GEORGE "RED" | A.         | 808/531-4551 |
| MAILING ADDRESS (Street)  |              |            | FAX          |
| 222 SOUTH VINEYARD STREET, SUITE 401  |              |            | 808/533-4601 |
| (City)  | (State)      | (Zip Code) |              |
| HONOLULU  | HAWAII       | 96813-2453 |              |
| EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) |              |            | TELEPHONE    |
| CAPITOL CONSULTANTS OF HAWAII, LLP  |              |            | 808/531-4551 |
| MAILING ADDRESS (Street)  |              |            | FAX          |
| 222 SOUTH VINEYARD STREET, SUITE 401  |              |            | 808/533-4601 |
| (City)  | (State)      | (Zip Code) |              |
| HONOLULU  | HAWAII       | 96813-2453 |              |

### PART II ORGANIZATION

|  |              |            |
|--|--------------|------------|
| NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)                         | TELEPHONE    |            |
| HAWAII COALITION TO STOP LAWSUIT ABUSE   | 547-5746     |            |
| MAILING ADDRESS (Street)   | FAX          |            |
| C/O 1099 ALAKEA STREET, SUITE 1800   | 547-5880     |            |
| (City)   | (State)      | (Zip Code) |
| HONOLULU   | HI           | 96813      |
| NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT | TELEPHONE    |            |
| MELODY BUTAY DACANAY   | 808-531-4551 |            |
| MAILING ADDRESS (Street)   | FAX          |            |
| 222 SOUTH VINEYARD STREET, SUITE 401   | 808-533-4601 |            |

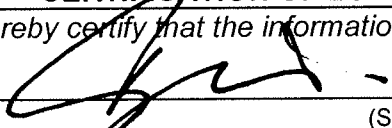
|          |         |            |
|----------|---------|------------|
| (City)   | (State) | (Zip Code) |
| HONOLULU | HI      | 96813-2453 |

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

|  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Agriculture                               | <input type="checkbox"/> Education                                  | <input type="checkbox"/> Human Services  | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities         | <input checked="" type="checkbox"/> Government Operations & Finance | <input checked="" type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation                       |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs                           | <input type="checkbox"/> Labor & Employment  | <input type="checkbox"/> Transportation                             |
| <input type="checkbox"/> Culture, Arts, Historic Preservation      | <input type="checkbox"/> Health                                     | <input type="checkbox"/> Planning, Land & Water Use Management                         | <input type="checkbox"/> Other: (indicate below)                    |
| <input type="checkbox"/> Ecology, Energy Environmental Protection  | <input type="checkbox"/> Housing                                    | <input type="checkbox"/> Public Safety & Corrections                                   |   |

**PART IV CERTIFICATION OF LOBBYIST**

*I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*


12/29/06

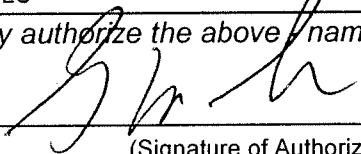
(Signature of Lobbyist) (Date)

**PART V AUTHORIZATION TO LOBBY**

|  |  |
|--|--|
| NAME                                   | TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED |
| GARY SLOVIN                            |  |
| NAME OF ORGANIZATION (if applicable)   | TELEPHONE 547-5746                                 |
| HAWAII COALITION TO STOP LAWSUIT ABUSE |  |
| MAILING ADDRESS (Street)               | FAX 547-5880                                       |
| 1099 ALAKEA STREET, SUITE 1800         |  |

|          |         |            |
|----------|---------|------------|
| (City)   | (State) | (Zip Code) |
| HONOLULU | HI      | 96813      |

*I hereby authorize the above named person to engage in lobbying activities on behalf of the undersigned.*


12/22/06

(Signature of Authorizing Officer or Person Represented) (Date)